

CASE CLOSURE REPORT

(VR-37E)

TO: Nebraska Workers' Compensation Court
 State Capitol Building
 P.O. Box 98908
 Lincoln, NE 68509-8908

FROM: _____

This is to notify the Worker's Compensation Court's Rehabilitation Unit that we have closed our file on the following individual. The date we closed our case file, the reason(s) for closure, and the services provided are listed below.

DATE CLOSED: _____ DATE OF ACCIDENT: _____
 NAME: _____
 ADDRESS: _____
 PHONE #: _____ SOC. SEC. #: _____

EMPLOYMENT STATUS AT TIME OF CLOSURE

<input type="checkbox"/> 50 RTW--Same Job	<input type="checkbox"/> 53 RTW--New Employer
<input type="checkbox"/> 51 RTW--Same Employer- Modified Job	<input type="checkbox"/> 54 Self-Employment
<input type="checkbox"/> 52 RTW--Same Employer- New Job	<input type="checkbox"/> 60 Not Working

New Employer's Name: _____
 Job Title: _____ Wages: _____
 Full Time: _____ Part Time: _____ Hours Worked: _____

CLOSED NOT WORKING

<input type="checkbox"/> 70 Completed Training for Suitable Employment	<input type="checkbox"/> 88 Retired/Homemaker
<input type="checkbox"/> 71 Lump Sum Settlement Pending	<input type="checkbox"/> 89 Deceased
<input type="checkbox"/> 75 Lump Sum Settlement	<input type="checkbox"/> 90 Unable to Locate/Moved
<input type="checkbox"/> 80 Not Interested in VR Services	<input type="checkbox"/> 95 Permanent Total Disability
<input type="checkbox"/> 81 Uncooperative	<input type="checkbox"/> 97 Carrier's Request
<input type="checkbox"/> 85 Rehab. Not Awarded	<input type="checkbox"/> 98 Released to Work
<input type="checkbox"/> 87 Plan Denied	<input type="checkbox"/> 99 Other

If closed at carrier's request (code 97) or released to work (code 98) were there any work restrictions?

☐ Yes ☐ No If yes, list restrictions: _____

What service(s) will this individual need to be able to return to work? _____

MAJOR SERVICES PROVIDED

Please check (✓) the primary service(s) provided to the injured employee.

<input type="checkbox"/> 1 Medical Case Management Only	<input type="checkbox"/> 6 Job Placement
<input type="checkbox"/> 2 Vocational Evaluation Only	<input type="checkbox"/> 7 On-The-Job Training
<input type="checkbox"/> 3 Counseling and Guidance Only	<input type="checkbox"/> 8 Loss of Earning Power Evaluation
<input type="checkbox"/> 4 Vocational Rehabilitation Plan Developed	<input type="checkbox"/> 9 Other _____
<input type="checkbox"/> 5 Training	<input type="checkbox"/> 10 Coordinated RTW-Before Plan

COST OF VOCATIONAL REHABILITATION COUNSELOR'S SERVICES: \$ _____

COUNSELOR'S/PREPARER'S SIGNATURE: _____